

SENDER: COMPLETE DHS SECTION TO THE	COMPLETE THIS SECTION ON DELIVERY 2 01 2
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.  1. Article Addressed to:  Suffolk Superior Court Curl Clark Off a	A. Signature  A. Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  D. Is delivery address different from item 1?  If YES, enter delivery address below:
3 Pembeston Square 12th Floor Boston, MA	3. Service Type  Certified Mail Registered Return Receipt for Merchandise C.O.D.  4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7012 3050 0000 725L 7753	
PS Form 3811, February 2004 Domestic Retu	urh Receipt 102595-02-M-154